COVID-19 Emergency Sick Leave Request

Name: _____

Job Title:_____   Supervisor: _____

Anticipated Start Date for Leave: _____   Number of Hours Requested (80 max): _____

Reason for sick leave request under the Emergency Paid Sick Leave Act (Check the appropriate box.)

Reason for Paid Sick Leave	Rate of Sick Leave Paid
☐ I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.	Hourly rate not to exceed $511 per day
☐ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.	Hourly rate not to exceed $511 per day
☐ I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.	Hourly rate not to exceed $511 per day
☐ I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.	2/3 hourly rate (or at least minimum wage) not to exceed $200 per day
☐ I am caring for my son or daughter because the school or place of care of the son or daughter has been closed, or the child-care provider of my son or daughter is unavailable, due to COVID-19 precautions.	2/3 hourly rate (or at least minimum wage) not to exceed $200 per day
☐ I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.	2/3 hourly rate (or at least minimum wage) not to exceed $200 per day

I certify I am unable to work (telework) due to the reason marked above. I understand that falsification of any information regarding this absence may be grounds for disciplinary action, including termination.

Employee Signature_____   Date_____

Approved By: _____   Date_____